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CERTIFICATE OF FACSIMILE TRANSMISSION

TO: Examiner P. Gambel
Group 1644

Fax No.: 703-746-5293

FROM: David A. Gay
Reg. No.: 39,200

OUR DOCKET NO.: P-IX 2405

REFERENCE: Serial No.: 08/790,540

Filed: January 30, 1997

Entitled: ANTI- $\alpha_v\beta_3$ RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS
ENCODING SAME AND METHODS OF USE

DATE: November 20, 2001

NO. OF PAGES (Including this page): 7

I hereby certify that these 7 pages are
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Carrie Hines November 20, 2001
SIGNATURE DATE

SPECIAL INSTRUCTIONS:

Transmitted herewith are the following **OFFICIAL** documents:

- 1) Supplemental Amendment: (2 pages)
- 2) Transmittal Form 1083 in duplicate: (4 pages)

Please contact Carrie Hines at (858) 535-9001 if you DO NOT receive all pages.

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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-IX 2405	
SERIAL NO: 08/790,540	FILING DATE: January 30, 1997	EXAMINER: P. Gambel	GROUP ART UNIT: 1644	
INVENTION: ANTI- $\alpha_v\beta_3$, RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE				

TO COMMISSIONER FOR PATENTS

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Transmitted herewith is a Supplemental Amendment in the above-identified application.

☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.

☐ Petition for Extension of Time is enclosed (in duplicate).

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been calculated as shown below:

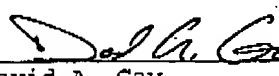
CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	32	-	31	-	1	x	\$9	\$18	=	\$18.00	\$
INDEPEN- DENT CLAIMS	12	-	12	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$18.00	\$

Inventors: Huse and Glaser
Serial No.: 08/~~791,381~~ **790540**
Filed: January 30, 1997
Page 2

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- X Please charge my Deposit Account No. 03-0370 the amount of \$18.00, which covers the additional claims fee. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ is enclosed, \$ of which covers the fee for a -month extension of time.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
 - X Any additional filing fees required under 37 C.F.R. 1.16.
 - X Any patent application processing fees under 37 C.F.R. 1.17.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


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